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(Requestor's Name)			
(Address)			
(Ad	ldress)	······································	
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July 1, 2016

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Dear Sir of Madam:

As President of Karpathos Enterprises, Inc., we will not file a reinstatement of document # P140000T4288 now or in the near future.

Sincerely yours,

Dino Sakelliads

President of Karpathos Enterprises, Inc.

46 III _ 5 P! 3: 13

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: KA	RPATHOS ENTERPRISES, INC.	ATE NAME – MUST INCL	IDE CHECIV	
	(FROPOSED CORPORA	nie name – <u>musi incl</u>	ODE SUFFIX)	
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:	
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
		ADDITIONAL CO	103401102	
FROM:	DINO SAKELLIADIS	e (Printed or typed)		
	1205 WEST GEORGIA STREET	o (Timou or typou)	ت ا	7.33
	BARTOW, FLORIDA 33830	Address	بن بن بن	UF STAT
	City	, State & Zip	د.) Dri
	863-934-0735			
	·	relephone number		
	GUSMTX@HOTMAIL.COM	ed for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora			· ·		
Principal street address 1380 N. BROADWAY AVE		1	Mailing address, if o	lifferent is:	
BARTOW, FL. 33830					
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:	ALL LAWFUL B	USINESS		
ARTICLE IV SHAR The number of shares of				5 -5	SECRETARY CSS
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS			함 3:	CF ST
Name and Titl	e: DINO SAKELLIADIS/ PRESIDENT 1205 WEST GEORGIA STREET		:		RUA
Address	BARTOW, FL. 33830	Address:			
Name and Title	BILL GERGATSOULIS	— Name and Title:	:		
Address	1870 F OAK WOOD LOOP	Address:	-		
	BARTOW, FL.33830				
Name and Title	:	— Name and Title:	:		
Address		Address:			
				· · · · · · · · · · · · · · · · · · ·	

Name a	and Title:	Name and Title:
Addre		Address:
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT accep	table) of the registered agent is:
Name:	DINO SAKELLIADIS	
Address:	1205 WEST GEORGIA STREET	
V	BARTOW, FL. 33830	22 to 141 to to
ARTICLE VII	INCORPORATOR	en e
		ာ ႏွို့
The <u>name and</u>	address of the Incorporator is:	
Name:	EDDIE G ROBINSON	$\frac{\omega}{\omega}$
Address:	110 N FLORIDA AVE.	
	BARTOW, FL. 33830	
ARTICLE VIII	EFFECTIVE DATE:	(OPPNOV / 1)
Effective date, in (If an effective days after the i		! cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the app effective date on the Department of State's re	olicable statutory filing requirements, this date will not be listed as ecords.
Having been no this certificate.	amed as registered agent to accept service of I ant-familiar with and accept the appointme	process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity
		7/1/16
	Required Signature/Registered Ag	ent Date
		ein are true. I am aware that the false information submitted in
document to the	e Department of State constitutes a third degr	ee felony as provided for in s.817.155, F.S.
Muc	· M	7-1-16 Date
Req	uired Signature/Incorporator	Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	KARPATHOS ENTERPRIS	ES, INC.	
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address,	if different is:
BARTOW, FL. 33830			
ARTICLE III PURPO The purpose for which t	<u>2SE</u> he corporation is organized is:	O ALL LAWFUL BUSINESS	
ARTICLE IV SHARI The number of shares of	stock is:		TARY OF STATE
Name and Title	L OFFICERS AND/OR DIRECTORS DINO SAKELLIADIS/ PRESIDENT	Name and Title:	
Address	1205 WEST GEORGIA STREET BARTOW, FL. 33830	Address:	
	DARTOW, 1 D. 33630		
Name and Title:	BILL GERGATSOULIS	Name and Title:	
Address	1870 E OAKWOOD LOOP	Address:	
	BARTOW, FL.33830		
Name and Title:		Name and Title:	
Address			

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
	REGISTERED AGENT		
The <u>name and</u> Name:	Florida street address (P.O. Box NOT accepta DINO SAKELLIADIS	ible) of the registered agent is:	
Address:	1205 WEST GEORGIA STREET		
	BARTOW, FL. 33830		6 LCS
ADTICLE VII	INCORDORATOR		5 32
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		P3 790
The name and	address of the Incorporator is:		က် ညီ အ ျပည်
Name:	EDDIE G ROBINSON		
Address:	110 N FLORIDA AVE.		>
	BARTOW, FL. 33830		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and filing.)	(OPTIONAL) cannot be more than five busines	s days prior or 90 business
Note: If the da	te inserted in this block does not meet the apple effective date on the Department of State's reconstruction.		, this date will not be listed as
	amed as registered agent to accept service of p I am familiar w <u>ith and accept</u> the appointmen		
	Required Signature/Registered Age		
Laukusis skin J			dea information askuittad is a
	ocument and affirm that the facts stated here Department of State constitutes a third degre		
///		· · · · · · · · · · · · · · · · · · ·	
Soffee	· 1//		7-1-16
Req	uired Signature/Incorporator		Date